



**KANSAS DEPARTMENT ON AGING**  
LICENSURE, CERTIFICATION AND EVALUATION  
COMMISSION

## **SUNFLOWER CONNECTION**

CONNECTING KDOA WITH LONG TERM CARE PROVIDERS

Volume 2, Number 1 <http://www.agingkansas.org/kdoa/index.htm> January 2005

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The Sunflower Connection published by The Kansas Department on Aging

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**Licensure, Certification and  
Evaluation Commission**

New England Building  
503 S. Kansas Avenue  
Topeka, KS 66603-3404

Please route Sunflower Connection to nursing staff and other interested parties in your facility. This publication may be copied or accessed through the internet address above.

### **INFORMAL DISPUTE PANELS IMPLEMENTED**

The Kansas Department on Aging has begun implementation of 2004 House Bill 2658 which allows adult care home administrators to request informal dispute resolution (IDR) by an independent review panel. The law authorizes the Secretary of Aging to appoint the panel members. A request for informal dispute resolution must be submitted to the department within ten calendar days after receipt of the statement of deficiencies. The request must include the specific deficiencies being disputed, provide a detailed explanation of the basis for the dispute, and include supporting documentation, including any information that was not available at the time of the inspection. The administrator will need to submit five copies of the written material to the Kansas Department on Aging. A face-to-face meeting with the panel may be requested by the administrator. Telephone conference calls or review of written materials are also possible.

At the time of publication, three independent review panels had met to respond to IDR requests. Requests for IDR should be submitted to:

Greg L. Reser  
Director, Licensure and Certification Division  
Kansas Department on Aging  
503 Kansas Avenue  
Topeka, Kansas 66603-3404

## ANNUAL AND SEMIANNUAL REPORTS

The annual and semiannual reports are due January 10, 2005. Please mail them to:

**Sandra Dickison  
Kansas Department on Aging  
503 S. Kansas Avenue  
Topeka, Kansas 66603**

It is important that accurate information is received in a timely manner.

The electronic version of the Sunflower Connection contains links to the semiannual and annual report forms and directions. These items are posted on the following website: [http://www.agingkansas.org/kdoa/lce/lce\\_index.html](http://www.agingkansas.org/kdoa/lce/lce_index.html). The forms are in Adobe Acrobat format. Facility staff can complete the forms using their computer and the requested calculations will be performed automatically. After the forms are completed, they can be printed for submission. **Administrators/Operators must review the data for accuracy before signing the form.**

Directions for completing the forms via the computer are available by clicking on the help box on the web version of the form. Additional instructions are found on the home pages for the semiannual and annual reports. Information regarding downloading the current version of Adobe Reader software and downloading PDF files are also found at this site. Facilities must complete the facility name and address section at the top of each form.

Sandra Dickison and Caryl Gill are the contact persons for questions related to the reports. Sandra and Caryl can be reached at (785) 296-4986, or e-mail them at [carylgill@aging.state.ks.us](mailto:carylgill@aging.state.ks.us) or [sandradickison@aging.state.ks.us](mailto:sandradickison@aging.state.ks.us).

### FACILITY CONSERVATION IMPROVEMENT PROGRAM (FCIP)

The FCIP is a streamlined program enabling public agencies (municipalities and counties, etc) to use a tool known as energy savings performance contracting (ESPC) to access financing for planning and implementing building and equipment energy saving projects quickly and easily. Detailed information is available at <http://www.kcc.state.ks.us/energy/fcip/index.htm>

### COMMUNICATION

The Sunflower Connection is distributed quarterly to promote communication with facilities. Throughout the year the commission at times e-mails time-sensitive information. If you are not on the LCE Commission e-mail list please contact Caryl Gill at [carylgill@aging.state.ks.us](mailto:carylgill@aging.state.ks.us) with your e-mail address. The e-mail addresses of facilities are not distributed to other groups or individuals.

## **CLARIFICATION OF TUBERCULIN TESTING**

KDOA has received several questions requesting clarification of tuberculin testing as addressed in the Regulation Interpretation 94-4. The interpretation and regulations remain in effect. The following are only responses.

- Tuberculin testing is recommended for volunteers who provide volunteer services on a routine basis. Facilities should develop a policy for TB testing of volunteers.
- Educational entities (nursing schools as well as entities that offer CNA courses) usually require students to have tuberculin testing and/or chest radiograph. Facilities need to check with the educational entity that places students in their facility to ensure this is their practice. Facilities should develop a policy regarding TB testing of students in their facility.
- Facilities need to administer tuberculin skin testing to each new resident and employee as soon as residency or employment begins, unless the resident or employee has documentation of a previous significant reaction. Employees who require a chest radiograph and continue employment at the same facility will not need additional x-rays unless the employee develops symptoms of tuberculosis. New employees with a history of significant reaction to a tuberculin skin test need to have evidence of a chest x-ray done not longer than a year prior to the employment date.
- If an employee has the required documentation of two negative skin tests performed within the past two years, the second one must not be longer than six months prior to employment. One of the skin tests must have been by the two-step method.
- K.A.R. 28-39-161 (b) (3) provides for tuberculin skin testing based on the Centers for Disease Control (CDC) recommendations. The CDC recommends the following two-step method (plant-read-wait for 7 to 30 days-plant-read) and does not recommend the following method: (plant-read-plant-read). This regulation is still in effect.

## **HOT WATER TEMPERATURES**

During the annual resurvey, the surveyors check the water temperatures in all common/service areas (activity room, utility room, rehabilitation room, bathrooms, etc.) and the rooms of sampled residents. According to Survey & Certification Regional Letter No.98-01 acceptable water temperatures in Kansas are 98 to 115 degrees Fahrenheit (F) in both hand washing and bathing areas. Water temperatures of 140 degrees F or above in areas accessible to residents could potentially constitute Immediate Jeopardy to residents. Water temperatures of 125 degrees F to 139 degrees F without outcome would likely constitute a deficiency with no actual harm with potential for more than minimal harm. According to the Consumer Product Safety Commission "Most adults will suffer third-degree burns if exposed to 150 degree water for two seconds. Burns will also occur with a six-second exposure to 140 degree water or with a thirty second exposure to 130 degree water. Even if the temperature is 120 degrees, a five minute exposure could result in third-degree burns." Facilities should have a policy and procedure in place to monitor the water temperatures in the common service areas and resident's rooms and to maintain records of their monitoring.

## **INFECTION CONTROL MEASURES FOR PREVENTING INFLUENZA**

Influenza is a respiratory illness transmitted by coughing or sneezing and/or touching the nose or mouth after direct contact with respiratory droplets or secretions. According to the Centers for Disease Control and Prevention (CDC) the following infection control measures are recommended to prevent the transmission of influenza in health care facilities:

### **Respiratory Hygiene/Cough Etiquette**

- Offer visual alerts.
- Provide tissues to residents and visitors.
- Offer masks to individuals who are coughing.
- Have staff observe droplet precautions in addition to standard precautions.

### **Standard Precautions**

- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces.
- Wear a gown if expected soiling of clothes with respiratory secretions.
- Change gloves and gown after each encounter and perform hand hygiene.
- When hands are visibly soiled, wash hands with either a non-antimicrobial or antimicrobial soap.
- If hands are not visibly soiled, use an alcohol-based hand rub.

### **Droplet Precautions**

- Cohort suspected influenza residents with other residents suspected of having influenza if there is not a private room.
- Wear a surgical mask upon entering the room or within 3 feet of the resident.
- Enforce visitors and worker restrictions.
- Discourage individuals with symptoms of respiratory infections from visiting.
- Exclude staff with symptoms of respiratory infections from work.

More information is available at:

<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm>

Printable posters are available at the following website:

<http://www.cdc.gov/flu/toolkit/resources.htm>

## **THE FLU OR FOOD BORNE ILLNESS?**

Sometimes people say they have “the flu” when they really have food borne illness.

Flu is a respiratory virus. Most food borne illness is an acute gastrointestinal infection with vomiting, diarrhea or both that begins abruptly. Food borne illness is caused by bacteria including salmonella, shigella, campylobacter, and escherichia coli 0157:H7 found in foods. Food borne illness can also be caused by people transferring viruses such as Norwalk virus to food.

Both the flu and food borne illness are more severe in the elderly. According to the Centers for Disease Control (CDC) in the United States more people die from food borne illness than die in fires. In 1999 more than 1 million Americans were ill from food containing salmonella.

Prevention of food borne illness begins with a four part employee health policy:

- Healthy staff who eat wisely, get adequate sleep and physical activity.
- Restricting ill employees from working.
- Ensuring thorough hand washing and covering of cuts or wounds. **Alcohol gel is not appropriate for food service.**
- No bare hand contact with ready-to-eat foods.

Combined with proper storage, cooking, and holding times and temperatures, food borne illness can be reduced.

<http://www.cfsan.fda.gov/comm/handhyg.html>

## CONFLICT RESOLUTION

Both long term care administrators and directors of nursing have expressed how important teaching conflict resolution to direct care staff has been in improving resident care. One facility has also involved family of the staff in the conflict resolution training. Staff members that come to work with less conflict at home are able to give better care.

Conflict resolution aims to end conflicts before they start or lead to physical action.

Teaching successful conflict resolution requires time. However, even topics such as fire safety actually include conflict resolution skills when attempting to get some residents to move to safety.

Sources of conflict include miscommunication, differing values, objectives, methods of doing tasks, and personality types. Assisting staff to understand their own personality type, the personality types of residents, and other staff helps reduce conflicts and improve care.

Fred Pryor Seminars teach *Ten Steps to Resolution* (“Take the high road”)

- Check your attitude first.
- Create a non-defensive atmosphere – including your non-verbal communication.
- Confront a) use I statements, b) use personal responsibility, c) separate the person from the problem, and d) be specific about the problem.
- Allow them to talk.
- Listen, really listen.
- Don’t be surprised if it is negative and do not show surprise, the non-verbal may upset them.
- Acknowledge that you have listened: “I hear what you are saying. ”
- Remove the word “but”, try to use the word “and”.
- I will take the high road. Be prepared for them to try to take you down.
- When all else fails.....ask, persuade, persist - “this has to be resolved” and give examples of negative consequences if resolution is not reached.

The following books concerning conflict resolution are available through your local inter-library loan.

Arnold, John D. *When Sparks Fly: Resolving Conflicts in Your Organization*. New York: McGraw-Hill, 1993.

Brinkman, Rick and Dr. Rick Kirschner *Dealing with People You Can't Stand: How to Bring Out the Best in People at Their Worst*. New York: McGraw-Hill, 1994.

Goleman, Daniel *Emotional Intelligence*. New York: Bantam Books, 1995.

Gray, John *Men are from Mars, Women are from Venus: A Practical Guide for Improving Communication and Getting What You Want in Your Relationships*.

New York: Harper Collins, 1992.

Rosen, Mark I. *Thank You for Being Such a Pain: Spiritual Guidance for Dealing with Difficult People*. New York: Ballantine Books, 1992.

Weeks, Dudley *The Eight Essential Steps to Conflict Resolution*. New York: G.P.Putnam, 1992.

## **OXYGEN IN USE AND NO SMOKING SIGNS**

The Code of Federal Regulations 483.25(k)(6), 42CFR 483.25(k)(6) Standard: Respiratory Care probe states: "If oxygen is in use, are precautions observed (e.g., proper storage and handling of oxygen cylinders secured)? Secondary 'No Smoking' signs are not required in facilities that prohibit smoking and have signs at all major entrances that the facility does not allow smoking."

The State Fire Marshal stated that when his department inspects facilities for the Life Safety Code, they, too, will follow CRF 483.25(k)(6).

If oxygen cylinders are stored outside and staff and visitors are allowed to smoke on the grounds, facilities should post No Smoking Signs outside their building.

## **RESOURCES FOR QUALITY CARE**

### **Handwashing**

Handwashing posters in color and other information may be printed from

[http://www.kdhe.state.ks.us/wash\\_em/stickpost.htm](http://www.kdhe.state.ks.us/wash_em/stickpost.htm)

<http://www.kdhe.state.ks.us/pdf/hef/ak1202.pdf>

<http://www.mass.gov/dph/cdc/handwashing/hw.htm#food>

The Centers for Disease Control provides information on ordering the "Clean Hands Save Lives!" materials and links to food safety materials

<http://www.cdc.gov/cleanhands>

### **Diabetes**

*2005 Diabetes Products Resource Guide*. Diabetes Forecast, January 2005.

## CMS REVISION GUIDANCE TO SURVEYORS F309 AND F314

CMS has revised Guidance to Surveyors for Long Term Care Facilities Appendix PP/483.25/Quality of Care/Tag F309 and Appendix PP/483.25c/Pressure Sores/F314. The revisions took effect November 12, 2004. Facilities that have provided the Long Term Care Division with an e-mail address were notified at that time. The information in its entirety can be found at [http://www.cms.hhs.gov/manuals/pm\\_trans/R4SOM.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R4SOM.pdf). It is very important for facilities to read the information and consider implementing the recommendations as indicated for their residents.

The Guidance to Surveyors at F309 provides definitions and information on non-pressure related skin ulcer/wound, i.e., arterial ulcer, diabetic neuropathic ulcer, and venous insufficiency ulcers.

The Guidance to Surveyors at F314 provides in-depth information regarding pressure ulcers.

- I. Definitions
  - A. Pressure Ulcer
  - B. Avoidable/Unavoidable Pressure Ulcers
  - C. Cleansing/Irrigation
  - D. Colonized/Infected Wound
  - E. Debridement
  - F. Eschar/Slough
  - G. Exudate
  - H. Friction/Shearing
  - I. Granulation Tissue
  - J. Tunnel/Sinus Tract/Undermining
- II. Overview
- III. Prevention of Pressure Ulcers
- IV. Assessment
  - A. Risk Factors
  - B. Pressure Points and Tissue Tolerance
  - C. Under-Nutrition and Hydration Deficits
  - D. Moisture and Its Impact
- V. Interventions
  - A. Resident Choice
  - B. Advance Directive
  - C. Repositioning
  - D. Support Surfaces and Pressure Redistribution
- VI. Monitoring
- VII. Assessment and Treatment of Pressure Ulcers(s)
- VIII. Types of Ulcers
- IX. Ulcer Characteristics
- X. Stages of Pressure Ulcers
- XI. The Healing Pressure Ulcer
- XII. Infections Related to Pressure Ulcers
- XIII. Pain
- XIV. Dressings and Treatments

An Investigative Protocol for Pressure Ulcers was also developed for the surveyors. Included in the protocol is the procedure for surveyors to follow in their overall observations, observation of the existing ulcer/wound care, resident and staff interview, record review of assessment, care plan, and revision of the care plan, determination of compliance, potential tags for additional investigation, and deficiency categorization.

### **MINIMUM DATA SET CODING FOR NURSING REHABILITATION/RESTORATIVE CARE**

According to the Long-Term Care Resident Assessment Instrument User's Manual Version 2.0 rehabilitation/restorative care are "nursing interventions that assist or promote the resident's ability to attain his or her maximum functional potential." Facilities should not code items such as grooming, dressing, walking, etc., if residents are totally dependent upon staff for activities of daily living (there is no rehabilitation potential) and nursing interventions will not promote the resident's ability to attain and/or maintain their functional ability. Nursing interventions that promote or maintain the resident's ability such as walk to dine programs, restorative dining, transfer/balance programs, make-up applications, etc., may be developed into restorative nursing programs. Nursing rehabilitation/restorative care impacts reimbursement; therefore, it is imperative that the sections, H.3. a. and b. Continence Appliances and Programs and P. 3. Nursing Rehabilitation /Restorative Care are coded accurately on the Minimum Data Set.

The Long-Term Care Resident Assessment Instrument User's Manual Version 2.0 pages 3-124 and 3-191 through 3-195 provide guidelines for coding and information about nursing rehabilitation and restorative programs.

#### **Nursing Rehabilitation/Restorative Care includes:**

- Range of motion (active or passive)
- Splint or brace assistance
- Scheduled toileting
- Bladder retraining
- Training and skill practice in:
  - Bed mobility
  - Transfers
  - Walking
  - Dressing or grooming
  - Eating or swallowing
  - Amputation/prosthesis care
  - Communication
  - Other activities that improve or maintain self-performance

**Range of Motion (ROM):**

- Must be a planned, scheduled and documented exercise program with specific movements and repetitions.
- Must be provided greater than or equal to 15 minutes in a 24-hour period.
- Passive and active ROM cannot be combined for total minutes.
- Active or passive range of motion does not include movements of joints during routine activities of daily living (ADL) performance such as dressing.

**Splint or Brace Assistance:**

- Staff provides verbal and physical guidance and direction that teaches the resident how to apply, manipulate and care for a brace or splint; or
- Staff has a scheduled program of applying and removing a splint or brace
  - The resident's skin and circulation under the device are assessed
  - The resident's limb is repositioned in correct alignment
- All sessions for either type of assistance are planned, scheduled and documented

**Scheduled Toileting:**

- A plan where staff members, at scheduled times each day, either take the resident to the toilet room, or give the resident a urinal, or remind the resident to go to the toilet.
- Includes habit training and/or prompted voiding.
- Checking a resident for incontinence and changing the incontinence product is not a scheduled toileting program. (Check and Change).

**Bladder Retraining:**

- Program in which the resident is taught to consciously delay voiding or urge to void.

**Training and skill practice includes:**

- Activities used to improve or maintain the resident's self-performance in bed mobility, walking, transfers, dressing or grooming, eating or swallowing, amputation or prosthesis care and communication.

**Nursing Rehabilitation or Restorative Care Program criteria for coding on the MDS:**

- Measurable objectives and interventions must be documented in the care plan and in the clinical record.
- Evidence of periodic evaluation by licensed nurse must be present in the clinical record.
- Nursing personnel performing restorative services must be trained in restorative techniques.
- The activities must be carried out or supervised by members of the nursing staff. Sometimes, under licensed nurse supervision, other staff and volunteers may be assigned to work with specific residents.
- This category does not include exercise groups with more than four residents per supervising helper or caregiver.
- Each restorative nursing service must be delivered greater than or equal to 15 minutes in 24-hour period.

### **Nursing Rehabilitation or Restorative Care Program for RUG III reimbursement:**

- Two or more restorative activities.
- The following pairs are counted as one restorative activity
  - Active/passive Rom
  - Bed mobility/walking
  - Scheduled toileting/bladder retraining.
- Provided greater than or equal to 15 minutes in a 24-hour period and 6 out of 7 days;
- Group restorative care is less than or equal to a 4:1 resident/staff ratio.

### **MDS EDUCATION**

A pioneer effort of providing MDS Education via televideo conferencing was conducted by KDOA and KDHE on November 4 and 5, 2004. The two-day session was broadcast to 5 of 6 KDHE district offices. The topics were MDS Basics, RAPs, and Care Planning. A positive response was received. Another presentation is planned for March 17 and 18, 2005, to all 6 KDHE district offices. The offices are located in Salina, Hays, Dodge City, Wichita, Lawrence, and Topeka.

MDS coordinators and other facility staff will find it helpful to view the CMS web casts presented in August and October 2004. The topics covered were restorative nursing and coding sections: G. Activities of Daily Living, I. Diseases and Diagnoses, and O. Medications. The webcasts are archived and are available at <http://cms.internetstreaming.com> for the next year.

The provider organizations also sponsored MDS education this past fall and have plans for presentations this spring. Facilities may contact them directly for locations and dates.

MDS Coordinators and staff who complete sections of the MDS need to attend MDS educational workshops. Other facility staff who attends MDS workshops and sessions will learn about the important role they have in observation and documentation for completion of the MDS.

Facilities must provide the MDS coordinator with a current MDS manual. The MDS form itself contains only brief explanations of the coding. The MDS must be accurate. It serves an important role in reimbursement, survey process, and public information.

The manual and updates can be purchased through various vendors or downloaded at <http://www.cms.hhs.gov/quality/mds20/>.

### **PHARMACY SERVICES**

**Question** – Do we have to send all medications home with a resident at discharge?

**Answer** - K.A. R. 28-39-156(e)(7) The nursing facility may send drugs with a resident at the time of discharge, if so ordered by the physician.

## WORKFORCE ENHANCEMENT GRANT

The Workforce Enhancement Grant allowed the Kansas Department on Aging to fund educational programs for unlicensed staff working in nursing facilities. The money came from the Civil Money Penalty fund (CMP). The CMP fund is monies collected from facilities that have failed to maintain compliance with conditions of participation.

During September 2004, KDOA awarded \$390,000 to eight educational entities which included provider organizations, community colleges, facilities, and advocacy groups. They have and will continue to provide free educational courses to unlicensed staff this next year. Examples of the courses and topics are abuse, neglect, certified medication aide courses, restorative care, food safety, first aid, and other workshops that will improve resident care.

## DEFICIENCY FREE FACILITIES

FACILITY	CITY	TYPE
Pleasant View Home	Inman	SNF/NF
Ft. Scott Presbyterian Village	Fort Scott	ALF
Redbud Plaza	Onaga	ALF
Midland Adult Day Care	Topeka	ADC
Waldron Place	Hutchinson	ALF
Cheney Golden Age Home	Cheney	SNF/NF
Good Samaritan Center	Dodge City	SNF/NF
Loving Care Unlimited	McPherson	BCH
Ottawa Retirement Plaza	Ottawa	ALF
The Lutheran Home	Wakkeeneey	NF
Parkside Homes	Hillsboro	SNF/NF
Westview Manor	Peabody	NF
J&E Retirement Home	Wichita	BCH

**Note:** The address of Mary R. Saporito, Southeast District Regional Manager, has been changed to:

215 East Maple  
Columbus, KS 66725

Please send all your correspondence to the new address.

## ENFORCEMENT ACTIONS

*Licensure Category	1st	2nd	3rd	4th
ANE Issues	6	4	1	
Disaster Preparedness	0	1	0	
General Sanitation and Safety	10	6	4	
Health Care Services	13	4	11	
Inadequate Administration	4	6	1	
Inadequate Admissions	5	1	1	
Inadequate Accounting of Funds	0	0	0	
Inadequate Documentation of Employee Records	1	1	1	
Inadequate Documentation of Resident Records	3	5	3	
Inadequate Drug Regimen Review	1	1	1	
Inadequate Inservice Education	1	0	2	
Inadequate Policies/Procedures Regarding Infection Control	1	0	0	
Inadequate Policies and Procedures for Special Care Unit	0	0	0	
Inadequate Range of Motion Services	0	0	0	
Inadequate Supervision	2	0	1	
Inadequate or Unqualified Staffing	6	5	2	
Inadequate or Inappropriate Dietary/Nutritional Services	1	1	1	
Inadequate or Inappropriate Hygiene and Skin Care	0	0	0	
Inappropriate Admissions	1	0	0	
Inappropriate or Unauthorized use of Restraint	1	0	0	
Negotiated Service Agreement	13	6	14	
Physician Verbal Orders for Licensed Personnel	1	1	0	
Resident Functional Capacity Screen	2	2	7	
TB for Residents/Staff	4	2	2	
Unsafe Medication Administration or Storage	3	6	0	
Other	0	0	0	
Civil Penalties	3	4	2	
Correction Orders	17	12	18	
Bans on New Admissions	7	4	7	
<b>FEDERAL REMEDIES</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>
Civil Monetary Penalties Recommended	3	10	12	
Denial of Payment for New Admissions Imposed	16	16	26	
Terminations	0	0	1	
No Opportunity to Correct	14	19	29	

\* A correction order on civil penalty may consist of multiple issues summarized within the categories above.